



# ACCREDITATION 101

PREPARING FOR HEALTH PEI'S 2026 ACCREDITATION SURVEY

Quality and Patient Safety Division

**Health** PEI

# What is Accreditation?

- A *continuous* process to assess health and social services against standards of excellence
- Health PEI participates in Accreditation Canada's program called **Qmentum Global**
- **Accreditation Canada** accredits health and social service organizations in Canada and abroad. It sets safety and quality standards, conducts assessments, and guides continuous improvement

# Why Accreditation Matters



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Ensures high-quality, safe, and effective healthcare services.



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Helps organizations meet regulatory and industry standards.



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Builds public trust and accountability in healthcare organizations.



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Identifies areas for improvement and promotes best practices.

# Health PEI Accreditation Standards

- Ambulatory Care
- Biomedical Laboratory
- Cancer Care
- Critical Care
- Diagnostic Imaging
- Emergency Department
- Emergency & Disaster Management
- Governance
- Home Care
- Infection Prevention and Control
- Inpatient Services
- Leadership
- Long Term Care
- Medication Management
- Mental Health & Addictions
- Obstetrics
- Palliative
- Perioperative and Invasive Procedures
- Point of Care Testing
- Primary Care
- Public Health
- Rehabilitation
- Reprocessing of Medical Devices and Equipment
- Service Excellence
- Transfusion

# Required Organizational Practices (ROPs) and High Priority Criteria



**Required Organizational Practices (ROPs)** – essential practices that organizations must have in place to enhance safety and minimize risk.

**Examples:** Maintaining an Accurate List of Medications during Care Transitions, Client Identification, Improving Hand Hygiene Practice, Patient Safety Incident Disclosure, Preventive Maintenance Program



**High Priority Criteria** – one tier below ROPs but key standards related to safety, ethics, risk management and quality improvement.

**Examples:** Informed Consent, Clients Rights and Responsibilities, Health PEI Ethical Decision-Making Framework, Health PEI All Hazards Plan (emergency and disaster preparedness)

Category	Required Organizational Practice (ROP)
<b>Safety Culture</b>	Accountability for Quality of Care Patient Safety Incident Disclosure Patient Safety Incident Management
<b>Communication</b>	Client Identification Adhering to a Do Not Use List of Abbreviations, Symbols, & Dose Designations Information Transfer at Care Transitions Medication Reconciliation as a Strategic Priority Maintaining an Accurate List of Medications during Care Transitions Safe Surgery Checklist
<b>Medication Use</b>	Antimicrobial Stewardship Managing High Alert Medications Infusion Pump Safety Limiting High Concentration & High Total Dose Opioid Formulations
<b>Worklife/Workforce</b>	Client Flow Patient Safety Education and Training Preventive Maintenance Program Workplace Violence Prevention
<b>Infection Control</b>	Improving Hand Hygiene Practice Cleaning & Low-Level Disinfection of Medical Equipment Infection Rates
<b>Risk Assessment</b>	Preventing Falls & Reducing Injuries from Falls Home Safety Risk Assessment Optimizing Skin Integrity Suicide Prevention Program Preventing Venous Thromboembolism (VTE)

25 ROPS

# Survey Instruments

## Surveys required for the 2022-2026 Accreditation Cycle:

- Self-Assessment Survey
- Governing Body Assessment
- Canadian Patient Safety Culture Survey

**Action plans** are developed after the completion of these instruments by **Quality Improvement Teams (QITs), the Board and the organization** to address the survey results.



# Survey Results

## Quality Patient Safety Dashboard

- Home
- Standards and Required Organizational Practices
- Accreditation Instruments** New
- Quality Improvement Teams
- Canadian Institute for Health Information (CIHI)
- Clinical and Organizational Ethics Committee
- Patient Experience
- Quality Patient Safety Team
- News
- Links

### Accreditation Survey Instruments

As part of Health PEI's 2022-26 Accreditation Canada cycle, two key surveys are being completed:

- **The Self-Assessment Survey** is an online questionnaire where staff assess how well their program/service meets Accreditation Canada standards. Results are reviewed by Quality Improvement Teams (QITs) and help them identify strengths and areas for improvement in their action plans.
- The **Canadian Patient Safety Culture Survey (Can-PSCS)** is a required component of the Accreditation Canada program and was last launched in 2019, with 935 responses. This year, we're aiming for 1,000 responses! The survey includes 23 questions covering key dimensions of patient safety culture including leadership support, learning culture, communication and incident follow-up. Summary reports will be shared later this fall to inform follow-up actions.

**Current Accreditation Instrument Results:**

- [2025 Accreditation Canada Self-Assessment Survey Results](#) New
- **Canadian Patient Safety Culture Survey (Can-PSCS) – Launched Sept. 22 – Oct. 17!**

**Previous Accreditation Instrument Results:**

- [Worklife Pulse Survey \(2020\)](#)
- [2019 Canadian Patient Safety Culture Survey \(Can-PSCS\)](#)



## ACCREDITATION 2026 CHECKLIST

		ACTIONS	STATUS
<b>First Phase – Assessment</b>  Fall 2024 – April 2025	Review of updated standards & ROPs completed	Updated standards & ROPs reviewed by QITs/Programs; QIT work plan updates started	Fall 2024
	Self-assessment survey: Results shared with organization	2024 Self-Assessment Survey completed & results reviewed by QIT and shared with frontline staff	February 2025
	Work plans developed, work to improve underway	QIT work plan updated by May 31, 2025	✓ and ongoing
	Education/training on accreditation, quality improvement (ongoing)	Key actions/summary of work plan posted on Quality Boards	
<b>Second Phase – Preparation</b>  May 2025 – April 2026	Continue completing work plans	Canadian Patient Safety Culture Survey completed & results shared with QIT and frontline staff	Fall 2025
	Complete Mock Tracers throughout organization	Work plans a standing agenda item on all QIT meetings	✓ and ongoing
	Compile and submit evidence for surveyors	Mock tracer exercises occurring in and across programs/units/sites	Fall 2025
	Finalize on-site survey schedule, logistics	Quality Boards regularly updated with key information including: <ul style="list-style-type: none"> <li>- Accreditation Toolkit</li> <li>- ROP of the Week</li> <li>- Did You Know</li> <li>- Indicator results</li> </ul>	ongoing
		On-site survey visit schedule finalized/shared with staff. Information on surveyor team shared with staff.	
<b>Third Phase – Onsite Survey</b> June 7-12, 2026	Key Activities: <ul style="list-style-type: none"> <li>• Opening meetings followed by Accreditation Canada Surveyors begin tracers at Health PEI facilities, staff discussions and observations, facility walkthroughs and documentation and evidence review.</li> <li>• An all staff debrief with the survey team on the final day of the onsite survey week</li> </ul>		

# Accreditation On-site Survey: June 7-12, 2026

- Surveyors will visit multiple HPEI programs and facilities
- Facilities and programs may receive **limited or no advance notice** of the survey schedule or on-site dates

The accreditation on-site survey is your moment to shine—highlight the great care you provide and celebrate your team's achievements.

# On-site Survey Methodology

- Surveyors use a **tracer methodology** to follow the journey of a client or process through the organization.
- It includes four key activities and involves:
  - Engaging with staff, patients, families, partners, leadership, and the Board.
  - Observing practices to assess how well policies are implemented and how stakeholders are involved.




# Supporting the Accreditation Process

- Review the [2022 Accreditation Report](#)
- Promote Accreditation Standards
- Know Your Area's Patient Safety & Quality Initiatives
- Reflect on Patient & Family Involvement
- Verify Required Organizational Practice (ROP) compliance
- Review Self-Assessment Results
- Support Mock Tracers
- Gather Documents & Evidence



# Examples of Survey Evidence

- Orientation/Admission/Discharge info
  - Patient education materials
  - Policies & procedures (ROPs/High Priority Standards)
  - Staff orientation process
  - Education & trackers
  - Performance reviews
  - Emergency & disaster plans
  - Communication tools (e.g., SBAR/handover)
  - Indicator or audit results
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# Accreditation Decision

After the on-site survey, Health PEI will receive one of two decisions:

- **Accredited**
- **Not Accredited**

**And then...the cycle continues.**





# REMEMBER....

*Accreditation is more than just an on-site survey. It's about driving quality improvement everyday by engaging with staff, patients, clients, residents and families!*

Health PEI